United States District Court

for the

Northern D	vistrict of New York
ISAAC RICHEY)))
Plaintiff(s) V. ANN MARIE T. SULLIVAN, MD, in her Individual and Official Capacity, NEW YORK STATE OFFICE OF MENTAL HEALTH, NEW YORK STATE OFFICE OF NICS APPEALS AND SAFE ACT, DOES 1-10 in their individual capacities, Defendant(s))) Civil Action No. 1:23-cv-344 (AMN/DJS)))))))

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)
Ann Marie T. Sullivan, 44 Holland Ave, Albany, NY 12208
New York State Office of Mental Health, 44 Holland Ave, Albany, NY 12208
Office of NICS Appeals an SAFE Act, 44 Holland Ave, Albany, NY 12208

A lawsuit has been filed against you.

03/20/2023

Date:

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

The Bellantoni Law Firm, PLLC 2 Overhill Road, Suite 400 Scarsdale, New York 10583

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

s/ Max A. Prebit, Deputy Clerk

Clerk of Court

Signature of Clerk or Deputy Clerk

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Civil Action No. 23 Civ.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was re	ceived by me on (date)	·			
	☐ I personally served	the summons on the individual	at (place)		
			on (date)		
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	, a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or ☐ I served the summons on (name of individual), who is designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the summ	nons unexecuted because		; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty	y of perjury that this information	n is true.		
Date:					
Dute.			Server's signature		
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: